


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0039680

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| DOCUMENT # L98000002781 1. Entity Name SHARLYN INVESTMENTS, L.L.C. |  |
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 26 AM 8:28

| | |
|---|---|
| Principal Place of Business 1137 BREAKWATER COURT MARCO ISLAND FL 34145 | Mailing Address 1137 BREAKWATER COURT MARCO ISLAND FL 34145 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

☐ CHECK HERE IF MAKING CHANGES

| | |
|--|--|
| 4. FEI Number 59-3545456 Applied For <input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent BROWN, EDWARD 1137 BREAKWATER COURT MARCO ISLAND FL 34145 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Edward Brown* (NOTE: Registered Agent signature required when reinstating) DATE 6-25-3

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| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 |
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| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--------------------------------|--------------------------------------|-------------------------|--|
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | 500021157935 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, EDWARD | NAME | 06/26/03--01050--002 **58.75 |
| STREET ADDRESS | 1137 BREAKWATER COURT | STREET ADDRESS | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | CITY-ST-ZIP | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, LYNN | NAME | |
| STREET ADDRESS | 1137 BREAKWATER COURT | STREET ADDRESS | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | CITY-ST-ZIP | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEATHERS, HARRY | NAME | |
| STREET ADDRESS | 360 BACKBAY CRESCENT | STREET ADDRESS | |
| CITY-ST-ZIP | VIRGINIA BEACH VA 23456 | CITY-ST-ZIP | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEATHERS, SHARON | NAME | |
| STREET ADDRESS | 360 BACKBAY CRESCENT | STREET ADDRESS | |
| CITY-ST-ZIP | VIRGINIA BEACH VA 23456 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Edward Brown* **REQUIRED** 6-25-3 239-641-4903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (10/02)